



CQC Maternity survey 2013 development report

If you have any questions about this report please contact Hannah Atherton:
Hannah.atherton@cqc.org.uk or 02074481673

Contents

1. Introduction	3
2. Changes made to the questionnaire	4
2.1 New items added to the core questionnaire	4
2.2 Amended questions in the questionnaire	18
2.3 Removed questions	30
3. Questions directly comparable to 2007	35
4. Changes to guidance manual and survey protocol	37

1. Introduction

The second national survey of women's experience of maternity care in England took place in 2010. Over 25,000 women from 144 trusts in England responded to the survey between April 2010 and August 2010, a response rate of 52%. Women were eligible for the survey if they had a live birth in February 2010 and were aged 16 or older. Women who gave birth in a hospital, birth centre, or maternity unit, or who had a home birth, were eligible. A similar survey of women using maternity services was carried out in 2007.

The results of the survey were used by NHS trusts to help them identify areas where they need to improve performance. The Care Quality Commission (CQC) also used the results to inform the public about the performance of each trust and the overall national performance. In addition, CQC used the results in regulatory activities such as monitoring trusts' compliance with the essential standards of quality and safety.

Since the 2010 survey, the questionnaire has been developed so that it continues to provide the most useful and relevant feedback possible, both in terms of the issues that are most important to women and in terms of policy evaluation. When revising and developing the questionnaire, the aims were to:

- Where possible, keep the same questions as were included in the 2010 survey to facilitate year-on-year comparisons;
- review the usefulness of the questions and remove questions that had high non response, were not useful for quality improvement purposes or that could be collected in other ways; and,
- develop questions that covered the areas that are most important to patients, which could provide useful information for NHS trusts and covered relevant policy areas.

Evidence used for this work

To consider which amendments to make to the questionnaire, the following steps were carried out:

- Analysis of the 2010 survey data to examine item non response rates and floor /ceiling effects;
- consultation with NHS trusts collecting feedback on the 2010 survey and suggestions for additional content;
- reviewing cognitive testing of the 2010 questionnaire that took place in November 2011¹;
- two focus groups with service users (new mums) were conducted to explore their experiences of maternity care including: antenatal and postnatal care and their time in hospital, what aspects of their experiences they thought were really good, and what they felt could be improved; and,
- consultation with stakeholders regarding the scope of the survey, taking into account their suggestions for content and policy areas to concentrate on.

In addition to this work the redesigned questionnaire underwent thorough cognitive testing with 26 women across three rounds of testing. The testing took place across Oxford and the London Boroughs of: Lewisham, Islington, Wandsworth, Tower Hamlets and Camden. Women of a mix of ages and ethnic groups took part, including women whose first language is not English.

¹ http://www.nhssurveys.org/Filestore/reports/Overarching_questions_for_patient_surveys_v3.pdf

2. Changes made to the questionnaire

In order to make the survey as useful as possible for trusts, the questionnaire has been revised for this survey. This section summarises the changes that have been made to the 2010 maternity survey in preparation for the 2013 survey.

2.1 New items added to the core questionnaire

Since the 2010 national survey, a total of 23 questions were added to the core maternity survey. The new questions are detailed below:

- **B4: Were you offered any of the following choices about where to have your baby?**

There were a number of problems identified with the questions covering choice asked in the 2010 questionnaire. NHS trusts reported several concerns about the questions being interpreted incorrectly:

“Is choice to them in the hospital, or in the community, or is it in the children’s centre or in the home?”

These concerns about interpretation were supported by the cognitive testing completed in 2011. When asked whether they had a choice about where they could have their baby, several women did not know if that was referring to hospital or type of unit (birthing centre, midwife led etc). Very often a hospital can have a midwife led unit and consultant led unit in the same building, and a choice can be made between the two.

The testing also picked up that some interpreted the questions as asking whether they knew they had a choice rather than whether they were explicitly offered it.

In addition to this, the focus groups revealed that women’s choices tend to change over time, and that women were happy with the idea of change if there was a good reason for the change e.g. medical reasons and if it was explained. It was felt that any new choice questions should focus on whether people were told that they had choices, whether their choice changed and the reason for the change.

There were a number of areas of interest, such as choice of pain relief, choice of antenatal care, place of birth, type of unit and birth type. A question on choice of antenatal care was already present in the questionnaire and this has remained. The other areas were assessed and it was decided that choice of pain relief and choice of place of birth were the policy priorities.

B4 focuses on whether women had been offered a choice of hospital, consultant led unit, midwife led unit/birth centre and home birth.

Some changes were made to the question during testing, the response ‘medical reasons’ was added after the first round of testing to cover women whose choices were restricted for valid medical reasons.

In addition, there was not always a clear understanding of the distinction between the options midwife led unit, birth centre and consultant led unit. To remedy this, a ‘don’t know’ option was added for those who did not know. The options ‘midwife led unit’ and ‘birth centre’ which had originally been separate options, were brought together in one option, as feedback received from stakeholders felt that they ultimately cover the same thing.

Final included question:

B4: Were you **offered** any of the following choices about where to have your baby?
(**Cross ALL that apply**)

- 1 I was offered a choice of hospitals
- 2 I was offered a choice of giving birth in a midwife led unit or birth centre
- 3 I was offered a choice of giving birth in a consultant led unit
- 4 I was offered a choice of giving birth at home
- 5 I was not offered any choices
- 6 I had no choices due to medical reasons
- 7 Don't know

- **B10: During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?**

The focus groups completed during the development raised a lot of issues about communication with care providers, relating to a lack of, poor, or inappropriate communication. A stakeholder suggested a question asking whether women were given time to ask questions and to discuss their pregnancy. Such a question was contained in the 2010 question bank and due to the findings of the focus groups it was felt to be a valuable addition to the main questionnaire.

All respondents clearly understood and were easily able to answer the question. The respondents thought about either the main staff that they saw such as midwives, or all of the staff that they saw such as doctors and health professions. After round one it was apparent that the response option 'Yes, some of the time' was not consistent with the use of 'sometimes' in most other questions in the survey and so it was changed for round two. The question tested just as well after this change.

Final included question:

B10: During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know

- **B11: During your antenatal checkups, did the midwives listen to you?**
- **F8: Did you feel that the midwife or midwives that you saw always listened to you?**

It was apparent that communication could differ dependent on the staff member or part of the pathway. For this reason two new questions were added into the questionnaire covering listening antenatally and postnatally. This should allow for a comparison between the two stages.

Both questions tested very well and were easy for women to answer. They were able to clearly articulate how they felt listened to, examples included 'having time for them' and 'listening to their concerns', while the 'no' responses covered the opposite to this. The response options allowed respondents to think about the different midwives that they saw and choose an applicable response which was most suitable.

The antenatal question was changed between rounds as one respondent was thinking more widely about the question rather than just thinking about antenatal care, and so 'During your antenatal checkups' was added to the start of the question for round two (It had originally been 'Did you feel that the midwife or midwives that you saw always listened to you?')

The postnatal question was also tweaked as a few of the respondents who answered this question were thinking of other health care professionals as well as midwives. For the final version the words 'midwife' and 'midwives' were put into bold text to reiterate that the question covers midwives.

Final included questions:

B11: During your antenatal checkups, did the midwives listen to you?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / can't remember

F8: Did you feel that the **midwife** or **midwives** that you saw always listened to you?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / can't remember

:

- **C1: At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?**

The focus groups revealed that transitions of care were not always smooth. It was felt that a question should be added into to the labour and birth section, which asks women whether they felt that when their contractions started they were given appropriate advice and support. This is to assess whether women feel that their transition into hospital after going into labour was appropriate. This was supported by

stakeholders who felt that it can be difficult for women to 'break the bank' and be taken seriously once their contractions start.

The question tested well initially and was easily understood by the majority of respondents. An example of appropriate advice included being told to relax and wait and to 'have a bath and cup of tea, and see if you feel the same in an hour' or 'being told to come to the hospital straightaway'. If women selected 'yes' they were happy with the advice they were given and felt that it suited their situation. The women who selected 'no' felt that they were not listened to or believed when they said they were in labour.

Before round three we received feedback from stakeholders about the question and concerns that it did not cover women whose waters had broken, and women who did not give birth in a hospital. In reference to waters breaking rather than contractions starting, it was decided to further test this in the third round. However, the question was amended to ensure that if women contact a midwife as well as the hospital then they too would be covered. It was changed to 'When your contractions started, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?' and the response option was amended to 'I did not contact a midwife or the hospital'.

The final round of testing confirmed stakeholders concerns, there were particular difficulties in answering the question for some women whose waters broke before their contractions started. The question has subsequently been amended to address the difficulties in respondents answering if their waters broke before their contractions started. The question wording has been changed to cover all scenarios: 'At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?'

Final included question:

C1. At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?

- 1 I did not contact a midwife or the hospital
- 2 Yes
- 3 No

The following questions are the new pain relief questions that were tested:

- **C3: During your pregnancy, what type of pain relief did you plan to use when giving birth?**
- **C4: Did the pain relief you used change from what you had originally planned?**
- **C5: Why did you not use the choice of pain relief that you had originally planned to?**

The initial development work identified some problems with the 2010 pain relief questions. NHS trusts felt that the questions were very subjective and it was difficult to take any action based on the responses.

It was felt that more value and insight could be provided if women were asked what pain relief they had originally chosen to use, whether this changed and why it changed, even incorporating whether they had a choice in the change. The focus groups supported the idea that choices made with regards to pain relief can easily change. The cognitive testing in 2011 also revealed some confusion from women about the pain relief options offered.

The pain relief questions were redesigned to determine whether women's plan of pain relief changed and the reason for this. In round one of the testing problems were identified with the understanding of question C4, so the wording of C4 was changed from 'If you planned to use pain relief did it change from what you originally planned?' to 'Did the pain relief you used change from what you originally planned?' to make the question wording clearer. The final response option was also adjusted to match the new question wording, from 'I had not decided' to 'I did not have a plan'.

A few of the respondents mentioned that they had planned to use hypnosis. Hypnosis was not mentioned under 'natural methods' and so for round two it was added into the list of examples.

After feedback from stakeholders during testing, some tweaks were made to the wording of C5: 'Why could you not use the choice of pain relief that you had originally planned to?' was changed to 'Why did you not use the choice of pain relief that you had originally planned to?' This was to encourage women to think back with the use of 'did'. It was also raised that some of the response options were not as clear as they could be and were 'negative' in their focus. To address this, the option 'I did not need to use the pain relief I had planned to use' was added to account for women who felt that the pain relief was not needed. 'There was not time' was changed to 'There was not time to use my planned pain relief'. 'It did not work' was changed to 'The pain relief I had planned to use did not work'.

For the final recommended question, the option 'I felt pressured into changing my pain relief' was removed. After consultation with stakeholders it was decided that the option does not distinguish between 'pressure' for the wrong reasons and 'pressure' when there is a good reason for the change, such as medical reasons. In addition, after consultation with stakeholders the option 'Other' was added into the final version, to cover instances not listed in the response options

The option 'For medical reasons' has been moved to the first response option as it appears from the interviews that women's choices changed mostly for this reason. In addition for the final version of the question the word 'originally' was added into bold font for questions C4 and C5. This is to remind respondents to think back to what they were originally planning.

Final included questions:

C3: During your pregnancy, what type of pain relief did you **plan to** use when giving birth? (**Cross ALL that apply**)

- 1 Natural methods (e.g. hypnosis, breathing, massage)
- 2 Water or a birthing pool
- 3 TENS machine (with pads on your back)
- 4 Gas and air (breathing through a mask)

- 3 Injection of pethidine or a similar painkiller
- 6 Epidural (injection in your back, given by an anaesthetist)
- 7 I did not want to use pain relief
- 8 I had not decided

C4: Did the pain relief you used change from what you had **originally planned**?

- 1 Yes → **Go to C5**
- 2 No → **Go to C6**
- 3 I did not use pain relief → **Go to C6**
- 4 I did not have a plan → **Go to C6**

C5: Why did you not use the choice of pain relief that you had **originally planned to?** (**Cross ALL that apply**)

- 1 For medical reasons
- 2 I changed my mind
- 3 I did not need to use the pain relief I had planned to use
- 4 There was not time to use my planned pain relief
- 5 The pain relief I had planned to use did not work
- 6 I was told there were not enough staff to provide my chosen pain relief
- 7 I was not told why I could not have my choice of pain relief

- **C11: If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?**

Stakeholders suggested that it was important to assess the level of partner involvement in patients care. The question is to assess whether staff are involving partners in the care provided. The focus is on partners or others being involved as much as 'they' (the partner) wanted to prevent the patient thinking too much about their own preferences, and instead to think about their partner's involvement and whether their partner felt comfortable. The testing found that the degree in which women felt that 'involvement' was reached differed per individual; for some it meant very hands on such as cutting the cord, while for others it meant just being able to be there. One individual responded 'no' as they felt that their mum (their birth partner) was prevented from being involved.

The question wording or response options did not change throughout the three rounds but the questions position did change. It was placed in the section covering 'staff' in rounds one and two but its focus is on involvement during labour and birth, and so it seemed to fit better in the section about 'the birth of their baby' where it was placed for round three. The change in position did not lead to any changes in the way it was interpreted in round three.

Final included question:

C11: If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?

- 1 Yes
- 2 No
- 3 They did not want to be involved
- 4 I did not want them to be involved
- 5 I did not have a partner or a companion

- **C12: Did the staff treating and examining you introduce themselves?**

Partway through the development work we recommended that question C11 (Had you met any of the staff who cared for you during your labour and birth before you went into labour?) was removed from the questionnaire. The question did not test well and did not sufficiently connect with respondents. We identified the above question from the question bank as being more suitable as it covers continuity of care and staff, which was a key issue raised within the focus groups.

Final included question:

C12: Did the staff treating and examining you introduce themselves?

- 1 Yes, all of the staff introduced themselves
- 2 Some of the staff introduced themselves
- 3 Very few or none of the staff introduced themselves
- 4 Don't know / can't remember

- **C14: If you raised a concern during labour and birth, did you feel it was taken seriously?**

There was space to add a new question in round three due to a question being removed in round two. During the stakeholder consultation a question was suggested that asked whether concerns that were raised during labour and birth were dealt with appropriately. This was deemed a very useful addition to the survey as respondents who took part in the focus groups raised instances where their concerns had not been taken seriously.

This question tested very well. However, due to feedback from stakeholders after the testing, changes were made to the question and an amended version has been added to the questionnaire. The focus of the final version is whether any concerns were taken seriously, rather than dealt with appropriately. As what constitutes 'appropriate' could be fairly subjective.

Final included question:

C14: If you raised a concern during labour and birth, did you feel that it was taken seriously?

- 1 Yes
- 2 No
- 3 I did not raise any concerns.

- **C15: If you used the call button how long did it usually take before you got the help you needed?**

The original development work raised some concerns about the use of the question 'Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?' A considerable proportion of the NHS trusts interviewed felt that women do not always know when labour starts, and that women are given no indication within the question wording of the stage of labour that they should think about when answering it. In support of this, some of the women who took part in the cognitive testing did not know what the definition of labour was, when their labour officially started, and when to measure it from. To remedy these concerns the response options were modified to better distinguish between the different stages of labour and the question has been made into a multicode question. This should provide trusts with more actionable information about the level of women's worry when they were left alone.

In addition, it was felt beneficial to have a greater insight into the time that women are left alone and whether they get attention when they needed it. For this reason a question used in the inpatient survey covering responsiveness to the call button was amended and added to the maternity questionnaire.

The question tested well. Generally the respondents made a guess based upon their experience. The guesses were based upon for example it feeling more than five minutes but less than ten and so selecting '6-10 minutes'.

All women were easily able to answer the question.

Final included question:

C15: If you used the call button how long did it usually take before you got the help you needed?

- 1 0 minutes/right away
- 2 1 – 5 minutes
- 3 6 – 10 minutes

- 4 11 – 20 minutes
- 5 Over 20 minutes
- 6 I never got help when I used the call button
- 7 I never used the call button

- **C18: Thinking about your care during labour and birth, were you treated with respect and dignity?**

It was felt by participants in the focus groups and stakeholders that the question on respect and dignity should be added back into the questionnaire (It was in the 2007 core questionnaire but not 2010). The women reported feeling vulnerable and experiencing a lack of respect. For these reasons the question was added into the labour and birth section, as it was thought to be the time that generally woman may feel most vulnerable.

The question was taken from the maternity survey question bank and tested well. The response to the question appeared to match the respondents overall description and feeling about their experience. An example of this is from a young woman who selected 'no' which was in line with her earlier negative responses to the questions. She had generally not felt listened to and that midwives did not respect her wishes.

Final included question:

C18: Thinking about your **care during labour and birth**, were you treated with respect and dignity?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / can't remember

- **D5: Thinking about your stay in hospital, how clean was the hospital room or ward you were in?**
- **D6: Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?**

Cleanliness was raised as important to the focus group participants. There was variation between the groups about the level of cleanliness that they experienced. Group two seemed very happy and felt that the hospitals they visited were very clean, group one on the other hand were very unhappy. Such variation across trusts should be picked up on and so the questions have been taken from the question bank and have been added into the questionnaire. The question bank questions had focused on the delivery room and postnatal ward. As the section in the questionnaire where the questions have been placed does not mention 'postnatal' stay or otherwise, then it was felt this could confuse respondents. The wording was made more general to cover their stay in hospital rather than the specific stages.

The questions tested well, one respondent was a bit confused about what their stay in hospital was referring to in relation to the ward, but they did eventually answer correctly. Across the three rounds when asked what they thought should be clean on the ward, the respondents all mentioned similar things: floors, windows, bedding, rail, bed, crib are a few examples. Most respondents gave a different response when thinking about cleanliness of the ward and toilets and bathrooms and were able to distinguish between the two.

Final included questions:

D5: Thinking about your stay in hospital, how clean was the hospital room or ward you were in?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 Don't know / can't remember

D6: Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 Don't know / can't remember
- 6 I did not use the toilet/bathroom

- **E4: Were your decisions about how you wanted to feed your baby respected by midwives?**

The participants of the focus groups strongly felt that sometimes their reported pain or discomfort was being ignored and that their decisions were not being respected, this particularly seemed to be a problem in relation to breastfeeding. Several women felt pressurised into continuing feeding, or in other cases using formula. They felt they were 'told' what to do rather than their preferences or situation being taken into account. For these reasons it was felt important to include a question on this in the questionnaire.

The question tested fairly well in round one. Most women who answered question three interpreted it correctly. One respondent misinterpreted it to mean the information and support she got in antenatal classes. To her, her decision being respected meant getting advice on how best to breastfeed. Another respondent interpreted the question to be about breastfeeding compared with bottle feeding.

The question was modified in round two to cover the second respondent's point about breast vs. bottle feeding, and was amended to cover 'decisions' so that it does not infer that it is a 'one or the other' decision. Also 'was' was changed to 'were' to reflect this change. After round two and before round three a 'Don't know/can't remember' response was added to the question to be consistent with other questions in the questionnaire.

All respondents who answered this question across rounds two and three interpreted it correctly and found it easy to answer. The interpretation of 'respect' differed slightly for each individual but generally it meant that at the very least their decisions were accepted, and they did not feel pressured. The change in wording seemed to have alleviated the problems with interpretation in round one.

Final included question:

E4: Were your decisions about how you wanted to feed your baby respected by midwives?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / can't remember

- **F4: Did you see the same midwife every time?**

A question covering whether women saw the same midwife is asked in the antenatal section and it was felt to be beneficial to have a similar question in the postnatal section to assess continuity of care during both stages.

The question tested well across rounds but there were some problems with women not being sure which health professional to refer to. The questionnaire was reconfigured so that questions on midwives were grouped together to prevent any further confusion, and this led to all of the respondents understanding the question and interpreting it correctly.

Final included question:

F4: Did you see the same midwife every time?

- 1 Yes
- 2 Yes, but would have preferred not to
- 3 No, but I wanted to
- 4 No, but I did not mind
- 5 I only saw a midwife once
- 6 I did not see a midwife
- 7 Don't know / can't remember

- **F7: Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?**

The question was originally suggested to assess continuity of care and whether the different caregivers are aware of important background information about the patient. Women in the focus groups did not mind seeing several midwives if they felt that there was continuity between them.

The question was originally worded as 'Did the midwife or midwives that you saw appear to know relevant information about you and your baby?' and due to the confusion about what 'relevant information' referred to in round one it was felt that it would be clearer to focus on medical history, and whether the different midwives that respondents saw appear to be aware of the medical history of the respondent and their baby.

The question tested well and was interpreted correctly. Respondents felt that 'yes' responses meant that the midwives they saw knew about the medical history of the individual and their baby, while a 'no' response meant that their medical history, any complications and information about the birth had not been taken into account.

Final included question:

F7: Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?

- 1 Yes
- 2 No
- 3 Don't know / can't remember

- **F9: Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?**

The focus groups revealed a few instances when the mothers at the groups inferred that their personal situations were not taken into account at times during their care. For example a young single mum explained that after she left the hospital after giving birth she was visited by a community midwife who gave her frightening news about her child and then left her on her own to make her way to the hospital, despite her having no help or transport. She described feeling 'on her own' and 'not knowing what to do'.

The question connected very well with some respondents during testing and was particularly relevant to those with perhaps challenging circumstances. Examples of such situations include a housing situation, financial difficulties and health needs.

However, after round one it was clear that respondents were not all connecting with the question and the use of 'personal situation'. The question was reworded to 'personal circumstances' as it was felt that this more clearly defined what the question was asking, and a 'Don't know' option was added to cover anyone who may be unsure.

The question tested well in the other two rounds, but a small proportion of respondents struggled with choosing a response option if they felt that they did not

have 'personal circumstances'. In order to remedy this the option 'this was not necessary' was added.

The amendments made to the questionnaire across rounds improved how it was interpreted and answered. It was answered very successfully for those who had particular personal circumstances and who felt that the midwives actions made a difference to them.

Final included question:

F9: Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 This was not necessary
- 5 Don't know / can't remember

- **F10: Did you have confidence and trust in the midwives you saw after going home?**

A question is already included in the labour and birth section about whether women had confidence and trust in the staff caring for them. That has now been replicated in the postnatal care section. The focus group revealed little confidence in some of the midwives that the women had seen postnatally. Stakeholders felt this is an important issue that should be included in the questionnaire.

The question tested well in all rounds. The only problem identified was due to the position of the question and respondents getting confused because the questions had 'switched' from health visitor to midwives. Due to the confusion identified with the question topic, (both with this question and others in section) the question was moved to be positioned with other similar questions on midwives. This alleviated any problems.

During preparation for ethics submission it was noted that the two questions covering confidence and trust in healthcare professionals (during labour and birth and postnatally) had different response options due to them being in different sections. The response options were made consistent, so comparisons are possible.

Final included question:

F10: Did you have confidence and trust in the midwives you saw after going home?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

4 Don't know / can't remember

- **F12: Did a midwife or health visitor ask you how you were feeling emotionally?**

Stakeholders suggested that questions covering postnatal depression should be added to the questionnaire. It was thought inappropriate to ask directly about this on a paper based questionnaire, and so a compromise was reached whereby a question would ask whether women are asked how they are feeling emotionally. This was to assess whether the issue was being raised, during the postnatal care process, rather than asking women to actually identify any instances of depression or low mood.

The majority of women who answered this question in round one interpreted it correctly. Only one respondent had difficulty. They responded 'no' but it is not clear if this is an accurate response, as the respondent found it difficult to remember if she had been asked anything about this and to imagine what form such a question could have taken.

The question was interpreted and understood well across rounds but it did seem to have a somewhat polarising effect; either women thought it was a good and relevant question, while others did seem a little uncomfortable and either wanted to reiterate they were fine or seemed a little irritated by repeatedly being asked. However, even those that did not react that well to the question still answered it.

All respondents clearly linked the question to postnatal depression, whether they felt 'low' and the 'baby blues' and so it seems to act as a proxy for whether women have been asked if they are depressed but does so in a subtle way.

Final included question:

F12: Did a midwife or health visitor ask you how you were feeling emotionally?

- 1 Yes
- 2 No
- 3 Don't know / can't remember

Demographics

- G6: What is your religion?
- G7: Which of the following best describes how you think of yourself?

The questions were added to be consistent with other surveys in the survey programme. The questions tested well across all rounds.

Final included questions:

G6: What is your religion?

- 1 No religion
- 2 Buddhist

- 3 Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- 4 Hindu
- 5 Jewish
- 6 Muslim
- 7 Sikh
- 8 Other
- 9 I would prefer not to say

G7: Which of the following best describes how you think of yourself?

- 1 Heterosexual / straight
- 2 Gay / lesbian
- 3 Bisexual
- 4 Other
- 5 I would prefer not to say

2.2 Amended questions in the questionnaire

In order to make the survey as useful as possible for trusts, the questionnaire has been revised for this survey. Changes have been made where it was deemed absolutely necessary. Details are provided below and questions are numbered according to the 2010 core questionnaire. All amended questions have been cognitively tested.

- **A4: Roughly how many weeks pregnant were you when your baby was born?**
 - 1 Before I was 37 full weeks pregnant
 - 2 When I was 37 weeks pregnant or more

The word 'full' was removed from the response option 'Before I was 37 full weeks pregnant' as it was felt to be unnecessary and potentially confusing. The question tested well, no problems with interpretation or understanding were identified.

Modified version included in the 2013 questionnaire:

A3: Roughly how many weeks pregnant were you when your baby was born?

- 1 Before I was **37 weeks** pregnant
- 2 When I was 37 weeks pregnant or more

- **B2: Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care?**

- 1 Before I was 7 full weeks pregnant
- 2 When I was 7 to 12 weeks pregnant
- 3 When I was more than 12 weeks pregnant
- 4 Don't know / Can't remember

The word 'full' was removed from the response option 'Before I was 7 full weeks pregnant' as it was felt to be unnecessary and potentially confusing. During the testing of the question in round one the perceived overlap of 7 weeks across options one and two caused some confusion for one respondent in particular. The question was amended for round two and 'Before I was seven weeks pregnant' was changed to the clearer option of 'When I was 0-6 weeks pregnant'.

Modified version included in the 2013 questionnaire:

B2: Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care?

- 1 When I was 0 to 6 weeks pregnant
- 2 When I was 7 to 12 weeks pregnant
- 3 When I was 13 or more weeks pregnant
- 4 Don't know / can't remember

- **B6: Did you get enough information from a midwife or doctor to help you decide where to have your baby?**

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 No, but I did not need this information
- 5 Don't know / Can't remember

During testing a minor problem was identified with the question. A respondent discussed how she had two sources of information from her midwife and GP. The GP was excellent at providing information but her midwife was not. She selected 'no' even though she had received useful information. To try and cover such instances the word 'either' was added to the question before round three. As long as women are receiving the information from someone, then this was deemed acceptable.

Modified version included in the 2013 questionnaire:

B6: Did you get enough information from either a midwife or doctor to help you decide where to have your baby?

- 1 Yes, definitely

- 2 Yes, to some extent
- 3 No
- 4 No, but I did not need this information
- 5 Don't know / can't remember

- **B7: Before your baby was born, did you plan to have your baby at home?**

- 1 Yes
- 2 No

The wording changed from 'Before your baby was born, did you plan to have your baby at home?' to 'Before your baby was born, did you plan to have a home birth?' as the former might be confusing for those who ended up accidentally having their baby at home but who did not plan it. The wording of the latter makes it clear that the question focuses on whether a home birth was planned. The question tested well.

Modified version included in the 2013 questionnaire:

B5: Before your baby was born, **did you plan to have a home birth?**

- 1 Yes
- 2 No

- **B13: If you saw a midwife for your antenatal check-ups, did you see the same one every time?**

- 1 Yes, every time
- 2 Yes, most of the time
- 3 No
- 4 I only saw a midwife **once**
- 5 I did not see a midwife
- 6 Don't know / Can't remember

NHS trusts fed back that they would like to know more about whether women mind seeing the same midwife, as due to the pressures they are under this is not always possible. The focus groups found that women do not always mind if they had a choice in the decision and if they had continuity of care across midwives. The testing supported this choice and revealed that the response options were not distinct enough and women had wanted to respond in other ways. Women had different views, for example some wanted to be able to see the same midwife, while some did not mind not doing so. Some women in the testing stated that they had wanted to see more than one midwife so that they had a choice of midwives. Due to the feedback and women wanting to make this distinction, the options were amended to cover the different scenarios. This gives an insight into the preferences of women and whether

it is a problem if women are seeing more than one midwife. This should provide useful information.

An additional minor change was made during the testing; the first response option was changed from 'Yes, every time' to 'Yes' as the every time seemed unnecessary.

Modified version included in the 2013 questionnaire:

B9: If you saw a midwife for your **antenatal check-ups**, did you see the same one every time?

- 1 Yes
- 2 Yes, but would have preferred not to
- 3 No, but I wanted to
- 4 No, but I did not mind
- 5 I only saw a midwife once
- 6 I did not see a midwife
- 7 Don't know / can't remember

- **B21: During your pregnancy did you have the name and telephone number of a midwife you could contact if you were worried?**

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

The question tested well, women either had a telephone number for a particular midwife or for a team. Between rounds two and three we received feedback from stakeholders in relation to this question. The feedback focused on the emphasis on contact only when women are worried. This is a valid point, as women should have a contact for any questions not just for when they are worried. Subsequently the question wording was changed for round three from 'During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact if you were worried?' to 'During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?'

Modified version included in the 2013 questionnaire:

B12: During your pregnancy, did you have a telephone number **for a midwife or midwifery team that you could contact?**

- 1 Yes
- 2 No
- 3 Don't know / can't remember

- **C5: Where was your baby born?**

- 1 In hospital (*please write in hospital name*)
- 2 In a birth centre/maternity unit, separate from hospital (*please write in unit name*)
- 3 At home
- 4 Other

C5 was found to be confusing for many of the respondents in the first round of testing, although most answered correctly based on where they gave birth. The confusion came from the distinction between a hospital and separate birth centre, as many of the women felt that a birth centre is a hospital or within one.

Due to the problems encountered in round one, the question was amended before round two. Option one was changed to be consistent with B4, adding 'consultant led unit' and option two was changed to 'In a birth centre/maternity led unit' taking away emphasis on it being separate from the hospital.

In the second round the question was more easily answered but it does seem that the terms 'midwife led unit' and 'consultant led unit' caused some difficulties.

To try and alleviate some of the difficulties, the question was amended for round three. The second option 'In a birth centre/maternity led unit' had additional italicised text to try and clarify that a birth centre/maternity led unit' can be either within a hospital or stand alone '*please write in hospital name if it was within the hospital or birth centre/unit name if it was not*'

The question did test much better in round three; it seems that the amendments across the rounds made a difference. However, it must be accepted that there still may be a level of error in the responses due to the confusion still present even after two rounds of amendments.

Modified version included in the 2013 questionnaire:

C6: Where was your baby born?

- 1 At a consultant led unit in the hospital (*please write in hospital name*)

- 2 In a birth centre/midwifery led unit (*please write in hospital name if it was within the hospital or birth centre/unit name if it was not*)

- 3 At home
- 4 Other

- **C8: What position were you in when your baby was born?**

- 1 Sitting / sitting supported by pillows
- 2 On my side

- 3 Standing, squatting or kneeling
- 4 Lying / lying supported by pillows
- 5 Lying with legs in stirrups
- 6 Other

The question tested well in round one, there was just one problem identified. A respondent selected 'lying with legs in stirrups' when in fact she had been lying flat. She felt that 'Lying / lying supported by pillows' was not the same thing as lying flat. Before round two the response option 'Lying/lying supported by pillows' was changed to 'Lying flat / lying supported by pillows' to cover anyone who felt that they were lying flat.

Modified version included in the 2013 questionnaire:

C9: What position were you in **when your baby was born? (Cross ONE only)**

- 1 Sitting / sitting supported by pillows
- 2 On my side
- 3 Standing, squatting or kneeling
- 4 Lying flat / lying supported by pillows
- 5 Lying with legs in stirrups
- 6 Other

- **C10: Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?**

- 1 Yes
- 2 No
- 3 No, but this was not possible for medical reasons
- 4 I did not want skin to skin contact with my baby

During round one three of the six respondents did not interpret and respond to the question correctly. All three could not have skin to skin contact due to medical reasons, yet all three selected the option 'No' rather than 'No, but this was not possible for medical reasons'. For round two the 'No' option covering medical reasons was moved above the 'No' option.

The question tested well in round two. However, one respondent did raise that she did not want to have skin to skin contact but was made to do so. An option of 'Yes, but I did not want this' was added for testing in round three, and the response options were reordered in groupings of 'yes' and 'no'.

The question tested well in round three and was interpreted correctly. The new response option 'Yes, but I did not want this' was chosen by one woman. She explained that the birth was so traumatic that she wanted her baby to see the

paediatrician as soon as possible. She would have rather that this had happened prior to receiving skin to skin contact.

Modified version included in the 2013 questionnaire:

C10: Did you have skin to skin contact (*baby naked, directly on your chest or tummy*) with your baby shortly after the birth?

- 1 Yes
- 2 Yes, but I did not want this
- 3 No
- 4 No, but this was not possible for medical reasons
- 5 I did not want skin to skin contact with my baby

• **C14: Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?**

- 1 Yes, during labour
- 2 Yes, shortly after the birth
- 3 Yes, during labour and shortly after the birth
- 4 No, not at all

Initially the question was split into two (whether they were left alone and when). This was to make the questions clearer and easier to answer. The response options were also adjusted after feedback from stakeholders. They have been made more distinct across the key stages. The questions tested well both in rounds one and two. Respondents clearly interpreted the questions and understood that they should only be thinking about times when they were worried.

It was suggested during testing that the brackets in the question could be removed. However, there was a policy need for the question to take the same form as 2010 as much as possible and so the final question will keep the brackets to ensure that the meaning remains the same as in 2010. The removal of the brackets may cause potential confusion to respondents as it is less clear who the 'worry' is referring to. However, this question should be reviewed after this survey to further clarify whether the question should include the worries of partners or companions or just the woman giving birth.

In addition, the question was put back together into one question, due to a policy need to keep the comparisons across years. The question has been made a multicode response so women can indicate the exact stages that they were left alone.

Modified version included in the 2013 questionnaire:

C13: Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?

- 1 Yes, during early labour

2 Yes, during the later stages of labour

3 Yes, during the birth

4 Yes, shortly after the birth

5 No, not at all

• **E1: During your pregnancy did your midwife discuss infant feeding with you?**

1 Yes, definitely

2 Yes, to some extent

3 No

4 Don't know / Can't remember

The question focused on 'infant feeding' in 2010 which was not in keeping with the rest of the questionnaire and seemed quite a complex term. The question also focused on 'discussion' rather than on whether women were informed about feeding during their pregnancy. For these reasons the question was changed to 'During your pregnancy did midwives provide relevant information about feeding your baby?' An additional response option of 'I did not want/need this information' was added to the question.

The question tested fairly well but the position of the question caused some problems. Its position is quite unique as it references the whole pregnancy but it is the latter stages of the questionnaire. However, it seems most appropriate that it is present in the section on feeding. Before round three the words 'During your pregnancy' were put into bold font to make it clear that respondents should think about their whole pregnancy. This appeared to remedy any problems.

Modified version included in the 2013 questionnaire:

E1: During your pregnancy did midwives provide relevant information about feeding your baby?

1 Yes, definitely

2 Yes, to some extent

3 No

4 I did not want/need this information

5 Don't know / can't remember

• **E4: Did you feel that midwives and other carers gave you consistent advice?**

1 Yes, always

2 Yes, generally

- 3 No
- 4 Don't know
- 5 I didn't want or need this

The cognitive testing that took place in 2011 tallied with the reports from NHS trusts that it was not clear that the questions covered feeding, and so the text 'about feeding your baby?' was added to the end of the question.

There were some problems identified with the question during round one of testing. One respondent left the question blank as she felt she was not given any advice. Another respondent selected 'Yes, generally' but was actually thinking about a support group and was classing 'health professionals' as support group staff. For the first point a response option of 'I did not receive any advice' was added to the question for round two. Response option five was changed to 'I did not want or need any advice' to make it clearer.

It is difficult to resolve the issue of who 'health professionals' cover, as it could be the case that the hospitals run support groups and some of their staff attend such groups. It is not easy to distinguish when NHS trust midwives are involved and when they are not.

Between rounds one and two the second response option was changed from 'Yes, generally' to 'Yes, sometimes' so that the response options were consistent with others used in the survey. The response 'Don't know/Can't remember' was added to the final response to be consistent with all other questions.

Modified version included in the 2013 questionnaire:

E5: Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not want or need any advice
- 5 I did not receive any advice
- 6 Don't know / can't remember

- **E6: Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?**

- 1 Yes, always
- 2 Yes, generally
- 3 No
- 4 Don't know
- 5 I didn't want or need this

Before testing the response option 'Yes, generally' was changed to 'Yes, sometimes' to be consistent with other questions in the questionnaire and the text 'about feeding your baby' was added to the end of the question to make it clearer what the question was referring to.

The question tested well; there were no problems at all with interpretation or understanding.

Modified version included in the 2013 questionnaire:

E6: Did you feel that midwives and other health professionals gave you active **support and encouragement** about **feeding your baby**?

- 1 Yes, always
- 2 **Yes, sometimes**
- 3 No
- 4 I did not want/need this
- 5 Don't know / can't remember

- **F1: When you were at home after the birth of your baby did you have the name and telephone number of a midwife or health visitor you could contact if you were worried?**

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

The question did not sufficiently cover the main options for contact: a midwife or a team of midwives, and so the question was amended to cover this.

The question tested well in rounds one and two, respondents only answered 'yes' if they had a number of an individual midwife or team and responded 'no' if they had no number or just a general hospital number.

Between rounds two and three we received feedback from stakeholders in relation to this question. The feedback focused on the emphasis on contact only when women are worried. This is a valid point, as women should have a contact for any questions not just for when they are worried. Subsequently the question wording was changed for round three from 'When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact if you were worried?' to 'When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?' The question tested well in round three, there were no problems in how the question was interpreted and understood. The change in question wording caused no change in the way the question was interpreted.

Modified version included in the 2013 questionnaire:

F1: When you were at home after the birth of your baby, **did you have a telephone number for a midwife or midwifery team that you could contact?**

- 1 Yes
- 2 No
- 3 Don't know / can't remember

- **F2: If you contacted a midwife or health visitor, were you given the help you needed?**

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not contact a midwife or health visitor

In round one all but one respondent answered 'yes' to this question, and all had either a number for an individual midwife, midwife team or health visitor. The only 'no' response was because an individual had a number for the hospital only. One of the respondents who answered the question had a telephone number but was generally not able to get hold of anyone. The option 'No as I was not able to contact a midwife' was added to the questionnaire.

Before round three 'health visitor' was removed from the question due to recurrent confusion in the section about who the questions were referring to. The section starting with these questions is about midwives and so it was felt less confusing to respondents to focus all questions in the section on midwives and early postnatal care.

The question tested well after the amendments.

Modified version included in the 2013 questionnaire:

F2: If you contacted a midwife were you given the help you needed?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 No as I was not able to contact a midwife
- 5 I did not contact a midwife

- **F3: Since your baby's birth have you been visited at home by a midwife?**

- 1 Yes → **Go to F4**
- 2 No, I visited the midwife or saw a midwife in a clinic → **Go to F4**
- 3 No, I was not offered a visit → **Go to F6**
- 4 No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU) → **Go to F6**

5 No, for another reason → **Go to F6**

An additional response option was added to the question for testing to cover instances when women are not automatically visited at home but instead have to ask for a home visit.

The only slight difficulty came from the section rather than the question. A respondent got a little confused when filling in F3 onwards she asked if it was 'aftercare' and seemed confused about what the questions were referring to. Changes were made to the ordering of the questions in the section to alleviate this.

There were no problems with understanding or interpretation of the question in the other rounds. A limitation of the question is that it only provides information on whether someone has been visited at home but not how many times. The next question 'How many times in total did you see a midwife after you went home?' will include both visits at home and visits to a clinic and respondents did interpret it this way. The question is a good filter question for the questions in this section but will not provide accurate information about the number of home visits.

Modified version included in the 2013 questionnaire:

F3: Since your baby's birth have you been visited at home by a midwife?

- 1 Yes → **Go to F4**
- 2 Yes, but I had to contact them to ask them to visit → **Go to F4**
- 3 No, I visited the midwife or saw a midwife in clinic → **Go to F4**
- 4 No, I was not offered a visit → **Go to F12**
- 5 No, I was visiting or staying near my baby in a neonatal unit (NNU, NICU, SCBU) → **Go to F12**
- 6 No, for another reason → **Go to F12**

• **F6: In the six weeks after the birth of your baby did you receive help and advice from health professionals about feeding your baby?**

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need any

The question was amended during testing as it was found that respondents were thinking about midwives, health visitors and breastfeeding counsellors when answering the question, some of which may not be linked to NHS trusts. While it is acceptable if the health professionals concerned are midwives or health visitors, if they are breastfeeding counsellors or professionals that are separate from the hospital then this will not provide an accurate response. For this reason we changed the wording to cover midwives and health visitors and not health professionals.

In addition, a 'Don't know/can't remember' response was added for consistency with other questions in the questionnaire.

Modified version included in the 2013 questionnaire:

F14: In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about **feeding your baby?**

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need any
- 5 Don't know / can't remember

- **F8: Did you have a postnatal check-up of your own health? (Around 4-8 weeks after the birth)**

- 1 Yes
- 2 No

The previous question focused on whether women had a postnatal check up, however, this check up will often be completed by the patients GP and so is not applicable to the acute trusts taking part in the survey. However, the trusts should be advising women to get the check up, and so the question focuses on this.

The question tested well across all three rounds. Respondents fully understood that the question was asking if they had been told to make an appointment rather than whether they actually made one.

Modified version included in the 2013 questionnaire:

F11: Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 4-8 weeks after the birth)

- 1 Yes
- 2 No
- 3 Don't know / can't remember

2.3 Removed questions

- **A2. When was your baby born? (If you had twins or more than two babies this time, please fill in this question about the baby who was born first)**

In 2010 the responses from this question could only be provided back to trusts on request. This was to prevent potential identification of respondents.. The question

was removed as it was felt that the information is not useful to NHS trusts, and that more relevant information from other questions could be collected.

- **A5. How much did your baby weigh at birth? (If you had twins or more than two babies this time, please fill in this question about the baby who was born first)**

The testing that took place in 2011 revealed that this was confusing for some women as they were looking for pounds, and the use of 'g/kg' threw them. They found it difficult to read. The question does not have a defined purpose, and does not focus on patient experience and so has been removed.

- **B4. At the start of your pregnancy did you have a choice about where you could have your baby?**

NHS trusts reported several concerns about the choice questions. One concern was around the questions being interpreted incorrectly, and this was supported by the cognitive testing in 2011. When asked whether they had a choice about where they could have their baby, several women did not know if that was referring to hospital or type of unit (birthing centre, midwife led etc). Very often a hospital can have a midwife led unit and consultant led unit in the same building, and a choice can be made between the two. The testing also picked up that some women interpreted the questions as asking whether they knew they had a choice, rather than whether they were explicitly offered it.

As detailed earlier in the report, the choice questions have been redrafted in a different form, explicitly focusing on whether choice of birth place was offered.

- **B5. Were you given a choice of having your baby at home?**

The question was removed as it was covered in the new question B5 covering choice of birth place.

- **B8. Were you given a copy of The Pregnancy Book?**

The pregnancy book is no longer consistently provided to NHS trusts, and so the question has been removed.

- **B9. Were you given information about the NHS Choices website?**

After consultation with stakeholders it was agreed that the question could be removed due to the changes to the online maternity provision currently occurring.

- **B10. Roughly how many antenatal check-ups did you have in total? (not including appointments for blood tests or visits to the hospital for a scan)**

The response categories for this question are broad. Every interviewee in the 2011 cognitive testing guessed their answer for this question, and appeared to struggle with the large ranges contained within the response options. Due to the lack of accuracy, this question is unlikely to be reliable and consequently is not very useful for NHS trusts.

In addition, the number of check ups is not something that can necessarily be controlled by NHS trusts. Some women may have fewer because they choose to, some because they did not make appointments and others because they may only have discovered they were pregnant later on. Some women may need more due to health problems. The question does not provide any insight into the reasons for the number of appointments. This means the data is of limited use. If, for example, trusts are aware that the lack of appointments is because they were not offered then they could take action. Without the contextual information they cannot. For these reasons the question was removed.

- **B14. Did you have a 'dating scan'? This takes place between 8-14 weeks of pregnancy.**
- **B15. Was the reason for this scan clearly explained to you?**

At least half of the trusts consulted raised some concerns about the questions on scans. There were concerns raised for questions B14 and B15, in that 'dating' is not the primary aim of the scan. Hence it might not have been described as such to women, and so they would not realise they have had the scan when completing the questionnaire.

In addition, B15 had a higher rate of non response and 'don't know' compared to other questions in the 2010 survey, although the rate is still fairly low (nationally, non response of 1.4% and 'don't know' of 0.9%).

While information on the update of tests and scans is important, on balance it was decided that the uptake of such scans may be better investigated via clinical audit, when results can be better relied upon.

- **B16. Did you have any screening tests (a blood test or nuchal scan) to check whether your baby might have Down's syndrome?**
- **B17. Were the reasons for having a screening test for Down's syndrome clearly explained to you?**

NHS trusts had similar concerns about these questions, as was the case with the questions on dating scans. Trusts are worried that some women struggle with the more complex terms, and have the tests but don't always know the full details of it being a nuchal scan, for example. This was supported by the 2011 cognitive testing, which revealed particular difficulties with the understanding of the questions. The missing and 'don't know' rates for B16 are a little higher when compared with other questions, but were still low at 1% missing and 0.8% "don't know" in 2010.

In terms of B17 (*Were the reasons for having a screening test for Down's syndrome clearly explained to you?*) women may tick 'no' to the question because they did not understand it rather than lack of explanation. Trusts can sometimes explain things in a different and simpler way that might not correlate with the terms used in the existing questionnaire. The rates of missing and 'don't know' respondents were 1.2% in 2010.

While information on the update of tests and scans is important, on balance it was decided that the uptake of such scans may be better investigated via clinical audit, when results can be better relied upon.

- **B18. Did you have a scan at around 20 weeks of pregnancy? This may have been called a '20 week' scan, or an 'anomaly' scan or a 'mid-trimester' scan.**
- **B19. Was the reason for this scan clearly explained to you?**

A very high proportion of women responded 'Yes' to the scan questions, meaning that they would be of limited use for analysis. This was particularly the case when looking at the 20 week scan results for the 2010 survey: 99% had 20 week scan. While there were no particular concerns about understanding for these two questions, as above on balance it was decided that the uptake of such scans may be better investigated via clinical audit, when results can be better relied upon.

- **B20. Roughly how many ultrasound scans did you have in total during this pregnancy?**

The number of ultrasounds that each woman has does not always reflect the performance of NHS trusts. Some women may have fewer because they choose to, some because they did not make appointments and others because they entered the system later in their pregnancy. Some women may need more ultrasound scans due to health problems or a need for further examination. The survey question does not provide any insight into the reasons for the number of ultrasounds. This means it is of limited use. If for example the NHS trusts are aware that the lack of ultrasounds is because they were not offered then they could take action. Without the contextual information they cannot make any improvement.

While this question provides contextual information, it is not actionable information. For that reason the question was removed.

- **B26. During your pregnancy, did you attend any antenatal classes provided by the NHS?**

One NHS trust expressed some concerns about the funding of the classes beyond 2013. The issue of antenatal classes has been raised with previous surveys, whereby it was suggested that there is no evidence base for classes being the best way to inform and educate women and their partners. In its current form, it would be difficult to evaluate trusts' performance as it is clear that a considerable proportion of women opt for classes provided by others (e.g. NCT). In these cases the responses confirming that they attended other classes give no indication as to whether they had actually been offered an NHS funded course. Only 26% of the 2010 results nationally were actually provided to NHS trusts, covering the responses 'Yes', 'No, I was not offered any classes' and 'No, classes were booked up'. The remaining 74% covered NCT classes, no need for the classes, not attending for another reason and missing responses. Due to the NHS being a minority provider of such classes, the question was removed.

- **C3. During your labour and birth, did you use any of the following to help relieve the pain? (Tick ALL that apply)**
- **C4. During your labour and birth, did you feel you got the pain relief you wanted?**

A few of the NHS trusts raised issues about the current pain relief questions. They felt that C4 was very subjective and that it was difficult to take any action based on the responses. Unfortunately circumstances dictate that women will not always be able to have the pain relief they want, and this was something that respondents of

the focus groups accepted and understood, but the current questions did not allow for this understanding or distinction.

The new questions were designed to focus on choice of pain relief and reasons why chosen pain relief was not provided. This should provide more insight into why women are not receiving their choice and if there is any action that needs to be taken (or whether there were good reasons for the change).

- **C9. If you had an episiotomy (cut) or tear requiring stitches, how long after your baby was born were the stitches done?**

It was felt that this question was too clinical and perhaps too intrusive. The question in the 2010 CQC survey had the highest rate of non response out of all of the questions, at 6.1% and 1.9% responded 'don't know'. There was also high level of non response in the 2007 survey. Slight amendments were made to the response options for the 2010 survey but this does not seem to have removed the problem.

Some of the NHS trusts were concerned about the scoring of the question. Trusts are penalised in the scoring if they stitch the women within 20 minutes, despite the fact that a woman may be uncomfortable or bleeding. This was seen to be unfair, as in some instances women may require urgent attention, and so may be stitched as soon as possible.

Nice guidelines on this state that:

1.9.16 The timing of this systematic assessment should not interfere with mother–infant bonding unless the woman has bleeding that requires urgent attention.'

1.9.21 Repair should happen as soon as possible: 'Repair of the perineum should be undertaken as soon as possible to minimize the risk of infection and blood loss.'

The scoring was originally devised to reflect guideline 1.9.16, however it could not be known from survey responses whether the woman was bleeding and in need of urgent care. It is acceptable and sometimes necessary for the assessment and stitching to happen straight away, and for that reason, a score of 50 was allocated to women that reported having stitches within 20 minutes. The only way to resolve the issue is to gain an understanding of the clinical need, however, respondents may not know this and it would be unlikely to elicit accurate responses.

On balance it was felt that the questions focus was too clinical, and that it does not focus strongly enough on patient experience and so it was removed.

- **C11. Had you met any of the staff who cared for you during your labour and birth before you went into labour?**

The question did not test well as it was interpreted in a number of different ways. One respondent understood the question to be asking if she had seen any of her antenatal team after she went into labour (that is, assuming that she was being asked whether, during her labour and birth, she saw any of the staff who had cared for her before she went into labour) and answered 'no' accordingly. Another respondent answered 'no' because she thought about staff including midwives and doctors, however her community team actually cared for her in early labour. Finally two respondents were confused about how to answer the question because they had caesarean sections. One ticked 'no' because she had never met the surgeon who

would conduct her c-section before. Another woman selected 'no' but said that she had not been sure what to tick, as she had a planned caesarean and felt that the question did not cover this.

Across the two rounds the question was interpreted in a number of different ways, leading to inaccurate and unclear responses. For this reason it has been removed from the questionnaire.

- **C13. If you had a partner or a companion with you during your labour and delivery, were they made welcome by the staff?**

The question was removed and replaced by the following question 'If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?'

It was felt that the question did not adequately cover partner or companion involvement as it only focuses upon 'being made welcome' but not actual involvement throughout the labour and birth.

- **B25. Overall, how would you rate the care received during your pregnancy?**
- **C17. Overall, how would you rate the care received during your labour and birth?**
- **F12. Overall, how would you rate the care received after the birth?**

Given the limitation on space and the crossover between different providers, we have focused more on specific events in the survey that measure detailed areas of patient experience, and less on the overall measures.

Demographics

- **G4: Who do you live with now?**

The question was removed after round one of testing as space was needed for more relevant additional questions and it was felt that the question had limited use.

- **G5: Language spoken at home**

The question was removed after one round of testing as space was needed for more relevant additional questions and it was felt that the question had limited use.

3. Questions directly comparable to 2007

Table 1 shows which questions in the revised 2013 maternity questionnaire are directly comparable to questions included in the previous 2010 national survey (Please note the question numbering refers to the questions position in the 2013 questionnaire).

Question number	Question
A1	Did you give birth to a single baby, twins or more in your most recent pregnancy?
A2	What time was your baby born?
A3	Roughly how many weeks pregnant were you when your baby was born?
B1	Who was the first health professional you saw when you thought you were pregnant?
B2	Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care?
B3	Roughly how many weeks pregnant were you when you had your 'booking' appointment (the appointment where you were given your pregnancy notes)?
B6	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?
B7	During your pregnancy were you given a choice about where your antenatal check-ups would take place?
B8	Which of the following health professionals did you see for your antenatal check-ups ?
B14	Thinking about your antenatal care , were you spoken to in a way you could understand?
B15	Thinking about your antenatal care, were you involved enough in decisions about your care?
C2	During your labour, were you able to move around and choose the position that made you most comfortable?
C7	Thinking about the birth of your baby, what type of delivery did you have?
C8	Where did you give birth?
C9	What position were you in when your baby was born ?
C16	Thinking about your care during labour and birth , were you spoken to in a way you could understand?
C17	Thinking about your care during labour and birth , were you involved enough in decisions about your care?
C19	Did you have confidence and trust in the staff caring for you during your labour and birth?
D1	How long did you stay in hospital after your baby was born?
D2	Looking back, do you feel that the length of your stay in hospital after the birth was...
D3	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?
D4	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?
E2	In the first few days after the birth how was your baby fed?
E3	Did you ever put your baby to the breast (even if it was only once)?
E6	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby ?
F5	How many times in total did you see a midwife after you went home?
F6	Would you have liked to have seen a midwife...
F13	Were you given enough information about your own recovery after the birth?
F16	Were you given enough information about any emotional changes you might experience after the birth?
F17	Were you given information or offered advice from a health professional about contraception?

G1	In what year were you born?
G2	Have you had a previous pregnancy?
G3	How many babies have you given birth to before this pregnancy?
G4	Do you have any of the following long-standing conditions?
G5	Does this condition(s) cause you difficulty with any of the following?

N.B. Due to the changes that have been made since the 2010 survey, it is not yet certain which questions in Table 2 will be comparable. We do anticipate that this list will grow but it is necessary to look at the collated data first in order to ascertain comparability.

If you have any questions or concerns regarding comparability, please contact the Acute Coordination Centre:

By e-mail – Maternity.Data@PickerEurope.ac.uk

By phone – 01865 208127

4. Changes to guidance manual and survey protocol

Unique record number: The format of the patient record number has been revised for 2013. The number should be in the format MAT13XXXNNNN where XXX is your 3-digit trust code and NNNN is the 4 digit number relating to your sampled patients, e.g.

MAT13	ABC	0001
↑	↑	↑
Maternity survey 2013	Trust Code for your Trust	Unique patient ID

The record number is vital for the survey process in that it allows sample and response information to be matched in a manner that isolates the mothers' names from their reporting of their maternity experience. Information about the minimum font size and location, and what action to take if this number is removed from questionnaires, has been added to Section 15.5 of the guidance.

Sample size: Please note the sample size will vary by trust as the sample should consist of all women who had a live birth during February 2013. If your trust has fewer than 300 eligible women who had a birth in February, then you will need to contact the Co-ordination Centre for advice on including women who gave birth in January 2013. For the 2013 maternity survey, the minimum sample size has increased from 250 to 300.

Postcode sector: We will require this additional piece of information in the sample file to make more use of the survey data. In 2010, the CQC published scored comparable data for 19 questions from the 77 questions in the survey, as those questions could be confidently attributed to the acute trust from which the sample of women was drawn. To make more use of the data received on antenatal and postnatal care in 2013, trusts will be asked to provide postcode sector in the sample files submitted to the co-ordination centre.

The information on postcode sector will be used at a later stage, alongside additional information on a trust's geographical boundary, to identify and check which women in the sample also received their antenatal and/or postnatal care from the trust at which they delivered. Trusts will not be required to carry out this identification process until the survey fieldwork has commenced (i.e. after the sample has been approved by the Co-ordination Centre and the mailings have started). This is to allow trusts more time to undertake this process. The Co-ordination Centre will supply trusts with a guidance document on how to identify those women in their sample that have also received their antenatal and postnatal care from the trust. Trusts will be asked to submit this information to the Co-ordination Centre on **19th July 2013** (This is the same deadline as when trusts should submit the paper copies of the questionnaire and covering letters used).

General Medical Practice Code (GMPC): We will require this piece of information to do additional analyses so it must be in both the sample and final data submissions.

Patients who have requested that their details are not used for secondary purposes such as research: If your trust has a mechanism in place to flag patients that do not wish their data to be used for secondary purposes, we advise that you refer to this when drawing your sample. Please see Section 6.2 in the guidance - Section 251 Approval for further detail.

Free text comments: For the 2013 maternity survey, respondents' written free text comments should also be submitted to the Co-ordination Centre in an anonymised format. This is discussed further in Section 16.2.